

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6509

Reg. Dist. No. 261

## 1. PLACE OF DEATH:

County Somerset  
 City or town Marion Station  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? None

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Marion Station  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

Mary Le Adams

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Samuel J

## 7. Birth date of deceased (mo., day, yr.)

July 9, 1868

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

791025

hrs.

min.

## 9. Birthplace

Somerset, Md  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

None

FATHER

## 12. Name

Peter Adams

## 13. Birthplace

MD

MOTHER

## 14. Maiden name

Mary E. Matthews

## 15. Birthplace

MD

## 16. Informant

Stanley Adams

## Address

Marion, MD

## 17.

(Burial, cremation, or removal, Which?)

## Date thereof

June 6, 1948  
(month) (day) (year)

## Cemetery or crematory

St. Peter Paul's

## Location

Marion Station, MD

## 18. Funeral director

Harold J. Cunningham

## Address

Marion, MD

## 19.

(Date rec'd by registrar)

June 6th 1948Nellie Bryden

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

June 419. 48

at

9:57 P. M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 119. 48

to

June 419. 48and that I last saw him alive on June 4 19. 48

## Immediate cause of death

Cerebral thrombosis  
acute on chronic

## DURATION

4 hrs

## Due to

Hypertension

## Due to

General Arteriosclerosis

## Other conditions

Chronic Int. NephritisChronic myocarditisFebrile

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. \_\_\_\_\_

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of \_\_\_\_\_

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

## 23. SIGNATURE

George C. Chellum, M.D.

M. D. or other

Address

Marion, MD

Date signed

June 5, 1948

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

RECEIVED

JUN 16 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

6510

93d

## 1. PLACE OF DEATH:

County SomersetCity or town Princess Anne, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ✓ County    City or town      
(If outside city or town limits, write RURAL and give nearest town)Street No.      
(If rural, give LOCATION)2.(a) If veteran, name war    

## 3. (a) FULL NAME

John Bacon

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Ellen Bacon

7. Birth date of deceased (mo., day, yr.)

1-22-486.(c) If alive, give age 64 years

8. AGE:

80

Years

Months

Days

If less than one day

hr.

min.

9. Birthplace

Somerset  
(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

FATHER

12. Name

Frank Bacon

13. Birthplace

Somerset County, Md.

MOTHER

14. Maiden name

Thomas Wilson

15. Birthplace

Somerset

16. Informant

Ellen Bacon

Address

Princess Anne, Md.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

6-14-48  
(month) (day) (year)

Cemetery or crematory

John Wesley

Location

Princess Anne, Md.

18. Funeral director

William H. James Jr.

Address

Princess Anne, Md.

19.

(Date rec'd by registrar)

19

6/1448

19

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6/1448

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6/1448

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 11<sup>th</sup> 1948, at 1:40 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 15<sup>th</sup> 1945, to June 11<sup>th</sup> 1948and that I last saw him alive on June 11<sup>th</sup> 1948

Immediate cause of death

DURATION

Cerebral Hemorrhage 11 DaysDue to HypertensionDue to Chronic pyelonephritis 2 yrsOther conditions Chronic pyelonephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Edgar G. McAvoy

M.D. or other

Address Princess Anne, Md. Date signed 6/14/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

JUN 16 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County Somerset  
 City or town Princess Anne  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset  
 City or town Princess Anne Md.  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Stephen Frank Washell

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

widowed

## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of deceased (mo., day, yr.)

Oct 27, 1862

## 8. AGE:

85 Years

Months

Days

If less than one day

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 9. Birthplace

Dames Quarter Somerset, Md.  
(Town, county, and state)

## 10. Usual occupation

Insurance Broker

## 11. Industry or business

William F. Washell

## 12. Name

Wedistadquin, Md.

## 13. Birthplace

Annie White

## 14. Maiden name

Dames Quarter Md.

## 15. Birthplace

Harry C. Washell

## 16. Informant

Princess Anne Md.

## Address

Burial

## 17. (Burial, cremation, or removal) (Which?)

St Andrews Cemetery

## Cemetery or crematory

Princess Anne Md.

## Location

Wale Washell

## 18. Funeral director

Princess Anne Md.

## Address

6/4 48

## 19. (Date rec'd by registrar)

6/4 48

## MEDICAL CERTIFICATION

2D. DATE OF DEATH June 12, 1948 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10<sup>th</sup> 1948 to June 12, 1948and that I last saw him alive on June 11<sup>th</sup> 1948

Immediate cause of death \_\_\_\_\_

Myocardial Failure

## DURATION

1 week

Due to \_\_\_\_\_

Due to Ch. MyocarditisOther conditions Generalized ArteriosclerosisSclerosis

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Thos. B. Wheeler, M.D.

M.D. or other \_\_\_\_\_

Address Princess Anne Md.Date signed 6/14/48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

VS A15

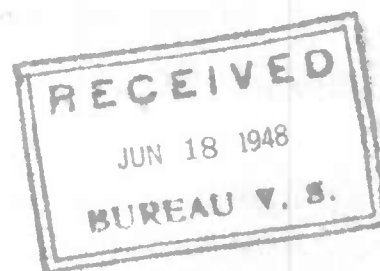
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

16  
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JUN 16 1948

BUREAU V. S.







PLEASE WRITE PLAINLY, WITH **NON-FADING INK**. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

6513

265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
McCready Hospital  
 How long in hospital or institution? 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town RURAL Marion, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

CLARENCE HALL

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Lottie Hall  
 6. (c) If alive, give age 45 years  
 7. Birth date of deceased (mo., day, yr.) October 24, 1897  
 8. AGE: Years 50 Months 7 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 9. Birthplace Marion, Somerset, Maryland  
 (Town, county, and state)  
 10. Usual occupation Chicken Raising  
 11. Industry or business \_\_\_\_\_

FATHER 12. Name Alonza C. Hall  
 13. Birthplace Marion, Md.  
 MOTHER 14. Maiden name Roxie Briddell  
 15. Birthplace Marion, Md.  
 18. Informant Lottie Hall  
 Address Marion, Md.  
 17. Burial Date thereof June 22, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Sunny Ridge Cemetery  
 Location Hopewell, Ind.  
 18. Funeral director H. Harvey Bradshaw  
 Address Crisfield, Maryland

19. June 22, 1948 Nellie Dryden  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1948 at 7:50 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1, 1947 to June 19, 1948  
 and that I last saw him alive on June 19, 1948

Immediate cause of death Acute Dilat. Heart  
 DURATION \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to Cerebral of 12 Aug.  
 Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations none  
 Date of op. \_\_\_\_\_  
 Autopsy results Cerebral of 12 Aug.  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE George E. Coulthum M.D. M. D. or other \_\_\_\_\_  
 Address Marion, Md. Date signed June 21, 48

RECEIVED

JUN 26 1948

BUREAU V. S.

RECEIVED

JUN 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6514

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 years  
 Hospital, institution, or street address where death occurred:  
108 Chesapeake Avenue  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 108 Chesapeake Avenue  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Mollie Elizabeth Howard

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife John Ed. Howard

7. Birth date of deceased (mo., day, yr.) June 28, 1873

8. AGE: Years 74 Months 11 Days 17 (c) If alive, give age years hrs. min.

9. Birthplace Somerset County, Maryland  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name William Dykes Howard

13. Birthplace Near Princess Anne Md.

14. Maiden name Hester A. Ford

15. Birthplace Marion Station, Md.

16. Informant Mrs. Francis Howard

Address 108 Chesapeake Ave. Crisfield

17. Burial Date thereof June 17, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Marion, Maryland

18. Funeral director John A. Bradshaw

Address Crisfield, Maryland

19. June 17 19 48 Jessie E. Jones  
 Date rec'd by registrar Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 19 48 at 6:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 48 to June 15 19 48

and that I last saw h. aw alive on June 15 19 48

Immediate cause of death Acute Myocardial Infarction

Due to Chronic Atherosclerosis

Other conditions Chronic Atherosclerosis

Due to Chronic Atherosclerosis

Other conditions Chronic Atherosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James B. Ballman M.D.

Address Marion Station Md Date signed June 17, 48

M. D. or other

**RECEIVED**

JUN 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County SomersetCity or town Princess Anne  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Annie E. Jones

## 3. (b) Social Security Number

4. Sex Female5. Color or race Col6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Providence R. Jones6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) Feb 12 18778. AGE: Years 71 Months 4 Days 11 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Wicomico Co., Md.  
(Town, county, and state)10. Usual occupation housewife11. Industry or business own home12. Name Callius Gates13. Birthplace Wicomico County Md14. Maiden name Annie H. 'Dorsey'15. Birthplace Wicomico Co., Md.16. Informant Providence R. JonesAddress 578 Hampden Ave Pine Anne Md17. Burial Date thereof 6-27-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory House JacobLocation Chantel, Md.18. Funeral director William H. Jackson Jr.Address Princess Anne, Md.19. 6/24 19 48 R.D. Johnson M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd 1948 at 5:50 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5th 1948 to June 23rd 1948and that I last saw him alive on June 19th 1948

Immediate cause of death \_\_\_\_\_

DURATION 8 monthsChronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Edwin G. MansmanAddress Princess Anne, Md.Date signed 5-24-48

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JUN 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 20 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 9th Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

HELEN BEATRICE JONES

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife William McKinley Jones  
 6. (c) If alive, give age 48 years  
 7. Birth date of deceased (mo., day, yr.) Month & Day Unknown 1906  
 8. AGE: Years 42 Months ? Days ? If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace New Orleans  
 (Town, county, and state)  
 10. Usual occupation Seafood laborer  
 11. Industry or business Crab & oyster industry  
 12. Name John Cooper  
 13. Birthplace Unknown  
 14. Maiden name Unknown  
 15. Birthplace Unknown

16. Informant Wm. McKinley Jones  
 Address 9th St., Crisfield, Md.  
 17. Burial Date thereof June 21, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Lawsonia Cemetery  
 Location Crisfield, Maryland  
 18. Funeral director John A. Bradshaw  
 Address Crisfield, Maryland

19. June 21 19 48 Janice E. Spies  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 19 48 2:20 P  
 21. I CERTIFY that death occurred on the date above stated; that attended deceased from April 15 19 48 to June 17 19 48  
 and that I last saw her alive on April 10 19 48

Immediate cause of death Acute Dile T Heart

Due to Coronary Artery  
 Due to T.P. etc.  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)  
 Major findings of operations None  
 \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Lucas C. Coulthum M.D.  
 Address 1000 2nd St. N.E. M. D. or other \_\_\_\_\_  
 Date signed June 21, 1948

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JUN 24 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6517

Reg. Dist. No.

260

**C. PLACE OF DEATH:** Somerset  
 County  
 City or town: Dames Quarter  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 months 21 days  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution? ..

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
(For newborn infants give residence of mother)

State: Maryland County: Somerset  
 City or town: Dames Quarter  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.:  
 (If rural, give LOCATION)

2. (a) If veteran, name war ..

**3. (a) FULL NAME**

Joseph Morris Jones

**3. (b) Social Security Number**

4. Sex: male 5. Color or race: Col 6. (a) Single, married, widowed, or divorced: Single  
 6. (b) Name of husband or wife: ..  
 6. (c) If alive, give age: .. years  
 7. Birth date of deceased (mo., day, yr.): March 23 1948  
 8. AGE: Years: 2 Months: 21 Days: .. hrs. .. min.

9. Birthplace: Wicomico County, Md.  
 (Town, county, and state)

10. Usual occupation: ..

11. Industry or business: ..

12. Name: Bertie Jones

13. Birthplace: Somerset County, Md.

14. Maiden name: Etha Jones

15. Birthplace: Somerset County, Md.

16. Informant: Etha Jones

Address: Dames Quarter road

17. Burial Date thereof: 6-15-48

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory: Dames Quarter

Location: Dames Quarter road

18. Funeral director: William H. Jones Jr.

Address: Princess Anne road

19. 6/16 48 R. J. Jones, M.D.

(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: June 16 1948 at 11:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1948 to June 15 1948

and that I last saw him alive on June 15 1948

Immediate cause of death: ..

Dysentery 3 days

Due to: ..

Due to: ..

Other conditions: ..

(Include pregnancy within 3 months of death)

Major findings of operations: ..

Date of op: ..

Autopsy results: ..

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: .. Date of: ..

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ..

Means of injury: .. Injured at work? ..

23. SIGNATURE: Edwin G. Mansson

Address: Princess Anne road Date signed: 6-16-48

9

RECEIVED

JUN 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County Somerset  
 City or town Princess Anne Md  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset  
 City or town Princess Anne  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Hampton Ave. E. 1/2  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Andrew Miles  
 4. Sex male 5. Color or race Col. 6. (a) Single, married, widowed, or divorced married

## 6. (b) Name of husband or wife

Fannie Miles 6. (c) If alive, give age 45 years

## 7. Birth date of

deceased (mo., day, yr.)

Dec 28, 1891  
 8. AGE: Years 56 Months 7 Days 9 If less than one day  
 ....hrs. ....min.

## 9. Birthplace

Somerset County  
 (Town, county, and state)

## 10. Usual occupation

Carpenter

## 11. Industry or business

Self employed

## FATHER

12. Name Thomas Brown

13. Birthplace Somerset

## MOTHER

14. Maiden name Jane Cropper

15. Birthplace Somerset

## 16. Informant

Fannie Miles

Address Princess Anne, Md.

17. Burial Date thereof 6-10-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Carmel

Location Princess Anne Md

18. Funeral director William H. James Jr

Address Princess Anne, Md.

19. 6/9 48 R. J. Johnson, Jr.

(Date rec'd by registrar) (month) (day) (year) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 19 48 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 13 19 47 to June 5 19 48

and that I last saw him alive on June 5 19 48

Immediate cause of death Heart

Disease DURATION 2 years

Due to

Due to

Other conditions

(Include present within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

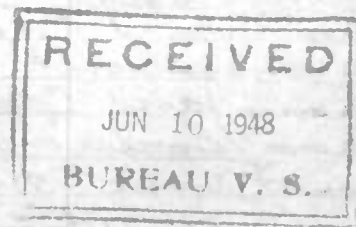
23. SIGNATURE Frank Water M. D. or other

Address Princess Anne Date signed 6/14/48

1891-1681

6-6-29

1948-8-17-37



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County SomersetCity or town London  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 wk

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Kansas CountyCity or town Junction City  
(If outside city or town limits, write RURAL and give nearest town)Street No. 438 W-3rd St

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

Philip D. Olsson

## 3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Ada S. Olsson

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

July 23 1890

8. AGE:

Years

Months

Days

If less than one day

571024

hrs.

min.

9. Birthplace

Kansas

(Town, county, and state)

10. Usual occupation

Music Instructor

11. Industry or business

State of Kansas

MOTHER FATHER

12. Name

Thomas D. Olsson

13. Birthplace

Sweden

14. Maiden name

Emily Jonsen

15. Birthplace

Sweden

16. Informant

Ada S. Olsson

Address

438 W-3rd St Junction City

17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

June 21 1948  
(month) (day) (year)

Cemetery or crematory

Highland

Location

Junction City Kansas

18. Funeral director

Husband & Bouington

Address

306 Main St

19.

June 16  
(Date rec'd by registrar)

19.

48Janice E. Spivey

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 19 48 at 11 M

21. I CERTIFY that death occurred on the date above stated that I attended deceased from

was dead when I sawand that I last saw alive 19

Immediate cause of death

CoronaryThrombosis

Due to

Due to

Died suddenly

Other conditions

(Include present condition of deceased)

Major findings of operations

DEPUTY MEDICAL EXAMINERFOR SOMERSET COUNTY, MD.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Sp. H. & L. Coulbourn, M.D.23. SIGNATURE Sp. H. & L. Coulbourn, M.D.Washed MD Date 6/16/48

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JUN 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Crisfield  
 (If outside city or town limits write RURAL and give nearest town)  
 How long in above place of death? 18 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 204 Court St.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war World War I

## 3. (a) FULL NAME

Winnifred Seamus

## 3. (b) Social Security Number

4. Sex male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife None  
 7. Birth date of deceased (mo., day, yr.) Dec 23, 1889 6. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 58 Months 6 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Brown  
 (Town, county, and state)  
 10. Usual occupation Janitor  
 11. Industry or business Russ Battery  
 12. Name Unknown  
 13. Birthplace Unknown  
 14. Maiden name Unknown  
 15. Birthplace Unknown

16. Informant Sadie Brackshaw  
 Address Crisfield, MD  
 17. Buried Date thereof 6/28/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Crisfield  
 Location Crisfield, MD  
 18. Funeral director Harold A. Livingston  
 Address Crisfield, MD  
 19. June 28, 48 Janice E. Spivey  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 19 48 at 7:45 P M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4, 1948 to June 24, 1948  
 and that I last saw him alive on June 5, 1948

Immediate cause of death Coronary thrombosis  
 Due to Coronary artery arterio-sclerosis  
 Due to \_\_\_\_\_  
 Other conditions Bronchial Asthma DURATION 13  
 (Include pregnancy within 3 months of death)

Major findings of operations None Date of op. \_\_\_\_\_  
 Autopsy results None  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE C. S. Rawley, M.D.  
 Address Crisfield, MD Date signed 6/28/48



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JUL 1 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6521

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County Somerset  
 City or town Princess Anne  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 30 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset  
 City or town Princess Anne  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

John Solum

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

## 6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 11, 1900 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 48 Months 2 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Chimberland, Wis  
 (Town, county, and state)

10. Usual occupation Laborer

## 11. Industry or business

12. Name Juer Solum

13. Birthplace Norway

14. Maiden name Helena Nelson

15. Birthplace Sweden

16. Informant Mrs. Ernest Stacy

Address Princess Anne, Md.

17. Burial Date thereof 6/22/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Perryhawkin Cemetery

Location Somerset Co.

18. Funeral director Wilson Funeral Home

Address Princess Anne, Md.

19. 6/22 48 X. J. Johnson M.D.  
 (Date rec'd by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 19 48 at 8:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 19 47 to June 20 19 48

and that I last saw him alive on June 19 19 48

Immediate cause of death Emphysema

Due to asthma

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

\_\_\_\_\_

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MARGIN RESERVED FOR BINDING

VS A45 9-45-15M

VS A45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The collector age is especially important. Physicians: please write the causes of death clearly and legibly

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JUN 24 1948

BUREAU V. S.